C.SUITE USER ACCESS REQUEST FORM

All users must be entered in the NOAA or DOC Staff Directory prior to requesting access to the AGO Systems applications. Submissions and updates to the NOAA Staff Directory can be sent to noaa.staff.directory@noaa.gov.

Date of Request:		New Account Y N Deactivated User Y N If Deactivated User, User Code:
Requester's Name:		Employee Type:
Email Address:		Title:
Office Phone:		Office Fax:
Role:		Line Office:
Are you a Supervisor? Y N		If Yes, please attach a list of those you will be supervising.
Are you a COTR? Y N		Do you Certify Funds? Y N
Are you a Field Delegate/ Del.? In Training Y		Field Delegate Line Office:
Requester's Signature: FUNDS CERTIFYING OFFICIAL (FCO) ON I acknowledge when approving and submitting a re-	LY (Sign	
use for a particular purchase. Requester's Signature:		
AGO STAFF ONLY		
AGO OFFICE:		
CONTRACTING OFFICERS & WARRANTE	D FIELI	D DELEGATES ONLY
		*Must submit copy of warrant with request
The user's signature certifies that they have com		e mandatory IT Security Awareness Course.
Requester's Signature:		Date:

C.SUITE USER ACCESS REQUEST FORM

Approval Section

Supervisor's Name:	Office Phone:
Supervisor's Signature:	Date:
FUNDS CERTIFYING OFFICIAL (FCO) ONLY	
	ignature below certifies that the FCO is authorized to maintain curre e availability of funds. The NOAA CFO needs to sign for any Staff
Line Office CFO:	Office Phone:
CFO's Signature:	Date:
APPROVER ONLY	
	pprover is authorized to maintain current access to AGO Systems an
The appropriate signature below certifies that the ap	
The appropriate signature below certifies that the apable to review and approve a requisition.	Office Phone:
The appropriate signature below certifies that the apable to review and approve a requisition. Supervisor's Name: Supervisor's Signature:	Office Phone:
The appropriate signature below certifies that the apable to review and approve a requisition. Supervisor's Name: Supervisor's Signature: AGO STAFF ONLY	Office Phone: Date:
able to review and approve a requisition. Supervisor's Name: Supervisor's Signature: AGO STAFF ONLY	Office Phone: Date:
The appropriate signature below certifies that the apable to review and approve a requisition. Supervisor's Name: Supervisor's Signature: AGO STAFF ONLY HCO/Deputy Director/Branch Chief's Name: HCO/Deputy Director/Branch Chief's Signature:	Office Phone: Date:
The appropriate signature below certifies that the apable to review and approve a requisition. Supervisor's Name: Supervisor's Signature: HCO/Deputy Director/Branch Chief's Name: HCO/Deputy Director/Branch Chief's Signature:	Office Phone: Date: Date:

FOR OFFICIAL USE ONLY